

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # V67046**

1. Entity Name  
STATE FILING SERVICE, INC.



Principal Place of Business

4401 REDWOOD DR  
FT PIERCE, FL 34951

Mailing Address

4401 REDWOOD DR  
FT PIERCE, FL 34951

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0359427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

WHEAT, DAVID  
4401 REDWOOD DRIVE  
FT PIERCE, FL 34951

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
WHEAT, DAVID  
4401 REDWOOD DR  
FT PIERCE, FL 34951

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
WHEAT, LINDA  
4401 REDWOOD DR  
FT PIERCE, FL 34951

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000793145  
01/24/08-80038-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID W. WHEAT

1-19-08

Date

772-595-9555

Daytime Phone #